



# A.P.H.A. Tryout/Draft



Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Player's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

We would commit to the team if asked: \_\_\_\_\_ OR Skate only: \_\_\_\_\_

Last Team Played For: \_\_\_\_\_ Coach: \_\_\_\_\_

Division: 8U Half Ice / MITE Full Ice / SQUIRT / PEEWEE / BANTAM / MIDGET

Class: B / BB / A / AA / AAA

Shoots: Right / Left

Plays: Forward / Defense / Goalie

### LIABILITY RELEASE AGREEMENT (PLEASE READ AND SIGN)

I understand that signature of this information sheet is not a commitment to play for the Allen Park Hockey Association, or a commitment by the Allen Park Hockey Association to the player.

I hereby release from any liability, the Allen Park Hockey Association, team, coaches and representatives of the team. The player chooses to tryout and skate, knowing and assuming the risk of injury involved in playing hockey.

PARENT / LEGAL GUARDIAN : \_\_\_\_\_

### FINANCIAL RESPONSIBILITY (PLEASE READ AND SIGN)

I, as parent or legal guardian, acknowledge that participation in the sport of ice hockey will result in monthly expenses that the team will incur, including registration fees, ice fees, referee and clock charges. If the player named above is selected to play with this team, I accept my fair share of financial responsibility for the participation of the player named above and agree to pay in a reasonable and timely manner.

PARENT / LEGAL GUARDIAN: \_\_\_\_\_

	1	2	3	4	Total
Paid					
Number Assigned					